

APR 17 2009

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:	
Name <u>Brent W. Johnson</u>	ID# <u>4980</u> Date <u>4/12/09</u>
A Agency <u>AST</u>	Phone # <u>883-5111</u>
Instrument Location <u>Arctic Man - Summit Lake</u>	
Alco S/N <u>X173004</u> Target Value <u>.081</u> High Pressure <u>1000</u>	
B Alco Test Values	<u>.075</u> <u>.075</u>
1 st Alco	2 nd Alco
Signature <u>[Signature]</u>	
(OVER)	

CWS
5/13/09

(Do Not write in the area below)

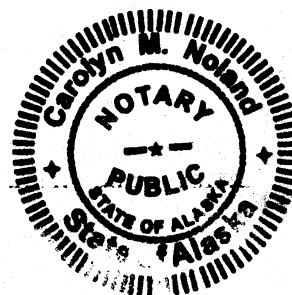
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

[Signature]
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 17 day of May, 2009.

[Signature] (Notary Seal Stamp)
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130196

4-23-09
am

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DataMaster cdm 130196

APRIL 12, 2009

OPERATOR'S NAME:

PERSON IDENT #

OPERATOR'S NUMBER: 4900

SUBJECT'S LAST NAME:

DOB

SUBJECT'S FIRST NAME/MI :

WIFE OF

A.L. #: 000000

DEPT AGENCY: TOMB

CHG REPORT: 00-000

TEST TYPE: V

ALCO TARGET VALUE: .001

ALCO S/N: 1173004

BREATH ANALYSIS

.001 ADJUSTED FOR 26.48 in

ALCO TARGET .071 08:53

BLACK TEST .000 08:54

STANDARD VERIFIED 08:54

TV 26.48 in .075 08:54

BLACK TEST .000 08:55

SUBJECT SAMPLE .000 08:55

BLACK TEST .000 08:56

TV 26.50 in .075 08:56

BLACK TEST .000 08:57

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DataMaster cdm 130196

APRIL 12, 2009

TIME 08:51

DIAGNOSTIC CHECK

COMPUTER: OKAY

MEMORY: OKAY

EXPIRE DATE: 01/08/09

BATTERIES

SINGLE CHARGER: 48c

BREATH TUBE: 42c

BAROMETER: 26.48 in

FLOW DETECTOR: OKAY

VALVES: OKAY

SENSOR: OKAY

FILTERS: OKAY

QUANTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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